

Welcome to EZ reimbursement, featuring the EZ REIMBURSE® MasterCard® Card as one reimbursement option available with your Medical Expense Flexible Spending Account.

1activation

You must activate your EZ REIMBURSE® Card before you use it for the first time. To activate your card, simply call the toll-free number found on the sticker attached to the front of your EZ REIMBURSE® Card. Please also remember to sign the back of your EZ REIMBURSE® Card before your first use.

Once your EZ REIMBURSE® Card is activated, you will be able to use it to pay for eligible expenses through your Medical Expense Flexible Spending Account (FSA), including:

- co-payments and deductibles for health care expenses
- vision and dental expenses and
- prescription expenses.

Remember to activate your
EZ REIMBURSE® Card
now by calling
1-866-300-7624.

Please keep this sheet for your records. It contains important information about your EZ REIMBURSE® Card.

2usage

Since you can use the card for expenses incurred by you or your eligible dependents, we have included an extra EZ REIMBURSE® Card at no extra cost.

For eligible expenses at your health care providers, simply swipe your EZ REIMBURSE® Card for the expenses like you would with any other debit or credit card.

When you use your EZ REIMBURSE® Card at a participating pharmacy for the first time, ask your pharmacist to enter it as a "secondary payer" option. Every subsequent time you have a prescription expense at the pharmacy, your co-payment or co-insurance, as well as your expense verification, will be processed automatically.

Visit www.fbmc-benefits.com for a list of participating pharmacies

Present the instructions on the back to your pharmacist so they can properly process your payment.

Remember to activate your
EZ REIMBURSE® Card
now by calling
1-866-300-7624.

3documentation

You must send in documentation accompanied by an **EZ REIMBURSE® Card Transmittal Sheet** for any EZ REIMBURSE® Card transaction that is not a known co-payment or prescription expense.

Documentation for a EZ REIMBURSE® Card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service and
- total dollar amount of service.

See the enclosed brochure for more details regarding your EZ REIMBURSE® Card.

EZ REIMBURSE® MasterCard® Card Pharmacy Instructions

Your patient is using their EZ REIMBURSE® Card to pay for their prescription expense through their Medical Expense Flexible Spending Account (FSA). This card transaction must first be processed through the patient's primary Pharmacy Benefits Management (PBM) company, and then submitted using a "split bill" (or "coordination of benefits" or "secondary payer") to the secondary PBM for the FSA portion of the claim.

It cannot be swiped at the register. If your patient has no primary PBM, claims must be processed directly to the secondary PBM. The PBM will be processing your patient's co-payment or co-insurance on all claims, as well as adjudicating the expenses as required by the IRS.

To process this transaction correctly, the following information must be provided to properly access your patient's Medical Expense FSA funds:

- **Member ID**– This is the 16 digit number on the front of the EZ REIMBURSE® Card.
- **Person Code**– All family members must be submitted as 01. The "Secondary Coverage Field" (or "Other Insurance Field") must be populated with the number "2," in order to submit the claim to the secondary PBM.

If you need additional help or information, please contact the secondary PBM, Envision/Rx Options, Pharmacist Help Desk at **1-800-361-4542**.

Other Important Information

- Lost or stolen **EZ REIMBURSE® Cards** should be reported immediately by calling **1-800-689-0821**.
- To dispute a transaction, please call **1-800-689-0821** as soon as you notice it.
- You can contact Fringe Benefits Management Company (FBMC) Customer Service by e-mail at **webcustomerservice@fbmc-benefits.com**, or by calling 1-800-342-8017.
- You may view your account transactions, balance and activity at any time by visiting **www.fbmc-benefits.com**.
- Remember to refer to your Monthly Statement for information on any outstanding **EZ REIMBURSE® Card** transactions.

Note: By signing and using your EZ REIMBURSE® Card, you are agreeing to the terms and conditions of the Cardholder Agreement. Use of your EZ REIMBURSE® Card is authorized only for qualified health care expenses as outlined in your Plan documents. Each time you use your EZ REIMBURSE® Card, you are certifying that your expenses have not been, and will not be, reimbursed under any other health plan coverage. This EZ REIMBURSE® Card must be returned upon demand. The EZ REIMBURSE® Card cannot be used at all MasterCard® acceptance locations or to obtain cash.

The EZ REIMBURSE® MasterCard® Card is issued by MetaBank.